

FILED

MAR 15 2022

STEPHANIE J. BUTLER, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF NC

Debtor 1	International Heritage, Inc.	
	First Name	Middle Name
	Last Name	
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA		
Case number: 98-02675		

Form 1340 (12/19)**AMENDED APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)²⁸ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$441.01 and \$123.44
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group Original Creditor: David K. Correnti
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

2. Applicant Information

Applicant²⁹ represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record³⁰ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

²⁸ The Claimant is the party entitled to the unclaimed funds.

²⁹ The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³⁰ The Owner of Record is the original payee.

